10815

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Wallville Calv, Md.

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Wallville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Fidella Butler

3. (b) Social Security Number None

4. Sex Female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Bazil Butler

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 6-8 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Calvert Co.

(Town, county, and state)

10. Usual occupation House Wife.

11. Industry or business

FATHER 12. Name Wilsley Janey

13. Birthplace Calvert Co.

MOTHER 14. Maiden name Mary Johnson

15. Birthplace Calvert Co.

16. Informant Webster Parran

Address St. Leonards Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/9/39 (month) (day) (year)

Cemetery or crematory Brook's

Location Island Creek

18. Funeral director P. E. Sewell

Address Prince Frederick, Md.

19. 11/8 1939 (Date rec'd by registrar) I. N. Tuey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1939, at 8.45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6 1939, to November 6 1939, and that I last saw her alive on November 4 1939.

Immediate cause of death Cachexia

Due to Carcinoma of Cervix

Due to

Other conditions Anasarca

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

DURATION

2 yrs

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Page Jett M. D. or other

Address Prince Frederick Date signed 11/6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 12 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

(93-C)

10816

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County Calvert
City or town Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Calvert
City or town Prince Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME Ailene Chamberlain

3. (b) Social Security Number

4. Sex F
5. Color or race W.
6. (a) Single, married, widowed, or divorced Widowed.
6 (b) Name of husband or wife Abel Chamberlain
6(c) If alive, give age D years
7. Birth date of deceased (mo., day, yr.) 4/30/57

8. AGE: Years 82 Months 6 Days 12 If less than one day ___ hrs. ___ min.

9. Birthplace Maine (Town, county, and state)
10. Usual occupation Domestic
11. Industry or business
FATHER 12. Name John Jackson
13. Birthplace Me.
MOTHER 14. Maiden name Florentine Griffith
15. Birthplace Me.
16. Informant Daughter.
Address same.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 15, 1939 (month) (day) (year)
Cemetery or crematory
Location South Natick, Mass.
18. Funeral director A. A. Harkness & Son
Address Mutual Md.
19. 11/14 1939 (Date rec'd by registrar) D. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1939, at 9 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936, to 11/12 1939
and that I last saw her alive on 11/12 1939
Immediate cause of death Coronary Thrombosis — DURATION 5 hrs
Due to Chronic Myocarditis — 4 yrs.
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. J. Brisane M. D. or other
Address Prince Frederick Date signed 11/13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 12 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10817

Reg. Dist. No. 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Dowells
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Dowells Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edward Davis Coates

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 11-1939

8. AGE:

Years	Months	Days	If less than one day
	10	24	hrs. min.

9. Birthplace: Dowells, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Thomas Curtis
13. Birthplace: Ireland Creek - Md

MOTHER
14. Maiden name: Verna Coates
15. Birthplace: Dowells, Md

16. Informant: Verna Coates
Address: Dowells, Maryland

17. (Burial, cremation, or removal. Which?) Date thereof 11/16/39 (month) (day) (year)
Cemetery or crematory: St. Johns
Location: Lusby - Md

18. Funeral director: P. E. Bevell
Address: Prince Frederick, Md

19. 11/15/39 (Date rec'd by registrar) 19 Dr. E. S. Foster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 15, 19 39, at 10 a.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/30/39, 19 to 19, and that I last saw him alive on 10/30/39, 19.

Immediate cause of death: Endocarditis — DURATION: 3 Weeks
Due to: Syphilis (Hereditary) — Life
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Dr. E. S. Foster M. D. or other
Address: Solomons, Md Date signed 11/15/39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-C)

10818

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Calvert

City or town Solomons

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Solomons Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine A. Condiff

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

B (b) Name of husband or wife: George W. Condiff

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 1, 1856

8. AGE: Years 83 Months 4 Days 9 If less than one day ____ hrs. ____ min.

9. Birthplace: New York, N.Y. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER

12. Name: William Martin

13. Birthplace: Ireland

MOTHER

14. Maiden name: Margaret McCarthy

15. Birthplace: Ireland

16. Informant: Geo. Condiff

Address: Solomons

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 13, 1939 (month) (day) (year)

Cemetery or crematory: Our Lady Star of the Sea Cemetery

Location: Solomons, Md.

18. Funeral director: A. A. Harkness & Son

Address: Mutual, Md.

19. ~~Dec. 4~~ Nov. 12 1939 (Date rec'd by registrar) Sent by Dr. Carter Registrar

Pte. H. C. Briscoe

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 10 1939, at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15 1939, to November 10 1939, and that I last saw her alive on November 10 1939.

Immediate cause of death: Inanition due to diarrhoea

Due to: Carcinoma? of Colon

or

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 1 week; 3 month

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Page E. Jett M. D. or other

Address: Prince Frederick Date signed: 11/11/39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-a)

10819

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Calvert County Hospital
Stay in hospital or inst. (yrs., or mos., or days): 7 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Calvert
City or town: Dares Beach Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Dares, Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harry Lawrence Conner

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Henrietta D. Conner
6(c) If alive, give age: 42 years
7. Birth date of deceased (mo., day, yr.): Oct. 13, 1873

8. AGE: Years: 66 Months: 1 Days: 10 If less than one day: hrs. min.

9. Birthplace: Washington, D. C. (Town, county, and state)
10. Usual occupation: Postoffice Inspector (retired)
11. Industry or business:
FATHER
12. Name: Joseph B. Conner
13. Birthplace: Washington, D. C.
MOTHER
14. Maiden name: Maria Hunter
15. Birthplace: Alexandria, Va.
16. Informant: Henrietta D. Conner
Address: Dares Beach
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 25, 1939 (month) (day) (year)
Cemetery or crematory: St. Paul's Cemetery
Location: Prince Frederick, Md
18. Funeral director: A. C. Harkness & Son
Address: Mutual, Md.
19. 11/24 1939 (Date rec'd by registrar) D. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/23 1939, at 12 A.M. 30
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/14/1939, to 11/23/1939, and that I last saw h in alive on 11/24/1939.

Immediate cause of death: Uremia — DURATION
Hypostatic pneumonia — 5 days
Due to
Due to: Cerebral apoplexy — 9 days
Other conditions: Cerebral Arteriosclerosis — 5 yrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: E. T. Buscar M. D. or other
Address: Prince Frederick Date signed: 11/24/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 12 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (182)

10820

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
County Calvert
City or town Owings
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Owings Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME James Edward Curtis

3. (b) Social Security Number —

4. Sex M
5. Color or race Negro
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 11, 1939.
8. AGE: Years | Months | Days 5 | If less than one day hrs. min.
9. Birthplace Cal. Co. Owings Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name Erbie Curtis
13. Birthplace Cal. Co Md.
MOTHER 14. Maiden name Martha Wallace
15. Birthplace Cal. Co. Md.
16. Informant Erbie Curtis
Address Owings
17. Mt Hope (Burial, cremation, or removal. Which?) Date thereof 11-13-1939 (month) (day) (year)
Cemetery or crematory
Location Sunderland
18. Funeral director James Edward Curtis
Address Owings
19. Nov 13 1939 W H Hardesty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1939, at 8 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939, to 19
and that I last saw h alive on 19
Immediate cause of death Probably Suffocation as child slept with mother
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE I. N. King M. D. or other
Address Prince Frederick Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10821

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Calvert
City or town Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Prince Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry William Duke

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	colored	widowed

6 (b) Name of husband or wife (1) Edith Tabbs (2) Sally Smallwood (3) Harriet Warner 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1848

8. AGE: Years	Months	Days	If less than one day
91			hrs. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)
10. Usual occupation Laborer on farm
11. Industry or business
FATHER 12. Name ?
FATHER 13. Birthplace
MOTHER 14. Maiden name ?
MOTHER 15. Birthplace
16. Informant Henry Duke Jr.
Address Duke Frederick
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 26, 1939 (month) (day) (year)
Cemetery or crematory Carroll's Cem.
Location Benton
18. Funeral director Pinkney Sewell
Address Prince Frederick, Md.
19. 11/25 1939 D. N. Tuy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1939, at 2:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 17 1939, to November 24 1939, and that I last saw h alive on November 24 1939

Immediate cause of death	DURATION
Uremia	
Chronic Glomerular Nephritis	
or Nephrosclerosis	
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Paget E. Jett M. D. or other
Address Duke Frederick Date signed 11-24

RECEIVED
DEC 12 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10822

Reg. Dist. No. 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Calvert
City or town Owings
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Harckens

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	

6 (b) Name of husband or wife Mrs. Harckens
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1939

8. AGE: 0 Years 0 | Months 11 | Days 0 | If less than one day hrs. min.

9. Birthplace Owings (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Wardell Plater
13. Birthplace md

MOTHER 14. Maiden name Pauline Hawkins
15. Birthplace md.

16. Informant Rachel Bud Gray
Address Owings

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory La Marlboro md
Location

18. Funeral director Phil Harris
Address Owings

19. Nov 6 (Date rec'd by registrar) 19 39 W H Harderly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/6/39 19 39, at 3:1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/5 19 39, to 11-5 19 39, and that I last saw it alive on 19

Immediate cause of death	DURATION
Still birth	
Due to Congenital syphilis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W J Williams M.D
M. D. or other
Address Huntingtown Date signed 11/6/39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

10823

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Dowells
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 66 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Dowells Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Lyman Marsh

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Thirza D. Marsh
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 3 - 1847

8. AGE:

Years	Months	Days	If less than one day
92	8	28	hrs. min.

9. Birthplace: Esopus, New York (Town, county, and state)
10. Usual occupation: Blacksmith
11. Industry or business
FATHER 12. Name: Elizah L. Marsh
13. Birthplace: New York
MOTHER 14. Maiden name: Deborrah Krouse
15. Birthplace: New York
16. Informant: Mrs. Emma McCrone
Address: Hallethorpe, Maryland
17. Burial (Burial, cremation, or removal, Which?) Date thereof 11/4/39 (month) (day) (year)
Cemetery or crematory: Middleham
Location: Eustis, Maryland
18. Funeral director: A. A. Harkness Son
Address: Mutual, Maryland
19. 11/3 (Date rec'd by registrar) 1939 D.E.L. Coster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/1/ 1939, at 11 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/10 1939, to 10/26 1939, and that I last saw him alive on 10/26 1939.

Immediate cause of death	DURATION
Chronic Myocarditis	2 yrs
Due to Arteriosclerosis	6 yrs
Due to Chronic Degeneration	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
20 operations:
20 autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D.E.L. Coster M. D. or other
Address Solomons, Md. Date signed 11/3/39

RECEIVED
DEC 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10824

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Calvert — Registration Dist. No. 52

Village or City Owings — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Margaret Hawkins Mitchell — If U. S. Veteran, specify WAR ____

(a) Residence: No. Owings St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	C	W

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 7, 1859

7. AGE — Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Melvin Hawkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lucy Mitchell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lucy Mitchell (Address) Owings

18. BURIAL, CREMATION, OR REMOVAL Place Hall's Creek Date Nov 10, 1939

19. UNDERTAKER John Reed (Address) Owings

20. FILED Nov 10, 1939 W. H. Hardesty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11 (Month) 9 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended decaasad from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurrad on tha date stated above, at 2 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pneumonia	11/5/39
Other Contributory Causes of Importanca:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was thera an autopsy? ____

23. If death wes due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Data of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was diseasa or injury In any way ralatad to occupation of deceased? No

If so, specify ____

(Signed) H. Howard ____ M. D.

(Address) Owings Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10825

(8)

1. PLACE OF DEATH

County Calvert Registration Dist. No. 51

Village or City Prince Frederick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Reed If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 24 1939

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Frederick Md.

FATHER

13. NAME John Reed

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Leona Brown

16. BIRTHPLACE (city or town) (State or country) Cal. Co. Md.

17. INFORMANT (Address) John Reed.

18. BURIAL, CREMATION, OR REMOVAL Place Hills Creek Cem. Date 11/24, 1939

19. UNDERTAKER (Address) John Reed Owings, Md.

20. FILED 11/24, 1939 I. N. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h elive on November 24, 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity	

Other Contributory Causes of Importance: Uterine Fibroids in mother

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Page L. Pitt M. D.

(Address) Prince Frederick

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

10826

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cal Co Hospt
Stay in hospital or inst. (yrs., or mos., or days): 7 days
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cal
City or town: Prince Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Isaac Russell

3. (b) Social Security Number: none

4. Sex: M
5. Color or race: C
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Helen Russell
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Dec. 18, 1885

8. AGE: Years: 53 Months: 11 Days: 7 If less than one day ____ hrs. ____ min.

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER
12. Name: Joe Henry Russell
13. Birthplace: Md
MOTHER
14. Maiden name: Charlotte White
15. Birthplace: Md
16. Informant: Joe Russell
Address: Prince Frederick, Md
17. Carroll's Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 28, 1939 (month) (day) (year)
Cemetery or crematory: Carrolls
Location: Barstow, Maryland
18. Funeral director: Pinkney Sewell
Address: Pr. Fred., Md
19. 11/26 1939 (Date rec'd by registrar) D. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 25 1939, at 11 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/14 19__, to 11/25 19__, and that I last saw him alive on 11/15 19__.

Immediate cause of death: Pulmonary Oedema — DURATION: 1 day
Due to: Cerebral apoplexy — 2 days
Due to: Arterio sclerosis — 5 yrs
Other conditions: Hypertension (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: E. Brissac M. D. or other
Address: Prince Frederick Date signed: 11/20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 12 1939
BUREAU V. S.